

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097763772		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3							53				
4		3					54				
5		13					55				
6		10					56				
7		10					57				
8	1						58				
9		1					59				
10							60				
11	1						61				
12		1					62				
13							63				
14	1						64				
15		1					65				
16							66				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	12						TOTAL DEP.				
TOTAL CLAIMS	16						TOTAL CLAIMS				